

## CHAPTER 7 SECTION 6.3

### LENSES (INTRAOCULAR OR CONTACT) AND EYE GLASSES

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#### I. PROCEDURE CODES

92070, 92310-92313, 92326, 92392, 92395, 92396

#### II. DESCRIPTION

A. There are two types of intraocular lenses (IOLs): anterior lenses, which are implanted into the anterior chamber of the eye in front of the iris, and posterior lenses, which are implanted into the posterior chamber of the eye behind the iris and resting against the capsular bag. The lens must be FDA approved. Coverage begins with the date of FDA approval.

B. There are two primary types of contact lenses: hydrophilic (water-loving) soft lenses and rigid, or hard type materials. Soft lenses are made of plastics which contain 36%-74% water. The diameter varies from 10.5mm to 15.5mm. Soft lenses are available in almost any optical correction, including myopia, hyperopia, astigmatism and bifocal. Hard lenses used to be manufactured from a material called PMMA. They have generally been replaced by gas-permeable materials and are called RGP (rigid, gas permeable). As with soft lenses, they are available in almost all possible optical corrections. RGP lenses have diameters between 80mm-10mm and inside base curves which match the curvature of the cornea. There are also a number of lenses which combine soft and RGP materials. The lenses must be FDA approved. Coverage begins with the date of FDA approval.

#### III. POLICY

A. Lenses or eye glasses are only cost-shared for the following conditions:

1. Contact lenses for treatment of infantile glaucoma.
2. Corneal or scleral lenses for treatment of keratoconus.
3. Scleral lenses to retain moisture when normal tearing is not present or is inadequate.
4. Corneal or scleral lenses prescribed to reduce a corneal irregularity other than astigmatism.

5. Intraocular lenses to perform the function of the human lens, lost as the result of intraocular surgery or ocular injury or congenital absence. (HCPCS Level II Codes, V2630 - V2632). Also see [Chapter 3, Section 16.5](#).

6. Eyeglasses to perform the function of the human lens, lost as the result of intraocular surgery or ocular injury or congenital absence. See [Chapter 3, Section 16.5](#).

B. Benefits for eyeglasses and contact lenses are generally excluded except in connection with the conditions specifically listed in the CFR. Benefits are also specifically limited to one set of intraocular lenses necessary to restore vision. A set may also include a combination of both intraocular lenses and eyeglasses when a combination is necessary to restore vision.

C. When there is a prescription change still related to the qualifying eye condition, a new set may be cost-shared.

#### IV. EXCLUSIONS

A. When the prescription remains unchanged, replacement for lenses that are lost, have deteriorated or that have become unusable due to physical growth is not covered.

B. Adjustments, cleaning, or repairs of glasses are not covered.

V. POLICY REAFFIRMED May 13, 1997.

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